

SEP 25 1940
Registration District No. 654

Primary Registration District No. 5872

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Penicook
(b) City or town Penicook - Center Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1 mile east of center
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community all of life (Specify whether years, months or days)

8. (a) PRINT FULL NAME Phina Holly Brown

8. (b) If veteran, name war _____ 8. (c) Social Security No. 650

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife James A. Brown 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased January 16, 1874
(Month) (Day) (Year)

8. AGE: Years 46 Months 6 Days 29 If less than one day hr. _____ min. _____

9. Birthplace Yarbro, Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business at home

12. Name P. H. Haley

13. Birthplace Tennessee
(City, town, or county) (State or foreign country)

14. Maiden name Virginia Higgins

15. Birthplace Arkansas
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature J. A. Brown

(b) Address Center, Mo.

17. (a) Burial (b) Date thereof 9/18/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. John's, Mo.

18. (a) Signature of funeral director La Forge Ind. Co.

(b) Address Caruthersville, Mo.

19. (a) 9-1-1940 (b) Tom Brigance
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Penicook
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 1 mile East of Center
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 15
year 1940 hour 7 minute 15 P.

21. I hereby certify that I attended the deceased from _____, 1938, to Aug 15, 1940;

that I last saw her alive on Aug 14, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Cardiac-renal disease (Cardiac)

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

574 (Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature L. E. Cooper (M. D. or other) _____

Address Center Mo. Date signed 8-18-40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

9-40-31

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

....., Registered Apprentice No.

working under my personal supervision.

Signed

J. L. LaFoye

Licensed Embalmer No. *3082*

P. O. Address *Cantherville, Mo.*

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.